



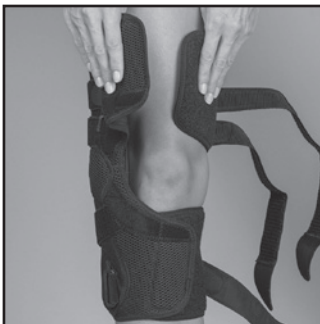
AirShift™ OA Knee

Before using this product, please carefully read all instructions and warnings.

Application Instructions

Prior to application, **deflate air bladder** by fully inserting **black tip of bulb pump** into valve and squeezing air bladder. Disengage all closure straps. For treatment of medial OA, position hinge and air bladder on the outside of the knee, which is the application in the following instructions. For treatment of lateral OA, position hinge and air bladder on the inside of the knee.

Warning: If you experience any increased pain, swelling, or any unusual reactions while using this product, immediately consult your medical professional. This product is for single patient use only. There is no guarantee that use of this product will prevent injury.



Fasten inner (wide) flaps below and then above the knee. Make sure air bladder is on side of the knee at the same height as the kneecap (patella).



Pull outer (narrow) straps through plastic buckles and fasten securely. Start with the bottom strap below the knee and finish with the top strap above the knee.



After the brace is properly applied, OA pain symptoms may be reduced by inflating the air bladder. Fully insert **clear tip of bulb pump** into valve and squeeze pump to **inflate air bladder**. Always follow your medical professional's advice regarding proper inflation.

Note: Gel pad and Velcro shims may be removed or added to adjust for various leg contours. Metal hinge may be modified by qualified medical practitioner, but avoid bending within one inch of rivet. Excessive or repeated bending may fracture aluminum.

Washing instructions: Engage all closure straps before washing. Hand wash, warm water, gentle cycle, no bleach, air dry.

Warranty: Products manufactured by Med Spec have a limited warranty against defects in materials or workmanship for a period of six months from date of shipment. Please contact the business that supplied you with this product if you wish to return it.

Custom Fit

By: _____

Date: _____

Modification: _____



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